Closing a Healthcare Facility to New Admissions or Readmissions during the COVID-19 Pandemic:

Conversational Framework for the Local Health Department, Long-Term Care Admissions

Coordinator, and Hospital Discharge Planner

Note: This guidance supersedes all previous guidance.

In response to an outbreak, closure of facilities to new admissions may be recommended as a standard part of Virginia Department of Health (VDH) disease control measures. However, any decision to close and/or accept new admissions or readmissions must be based on a risk assessment and tailored to the situation. The decision to close a facility to new admissions should be made in consultation with the local health department. Please note that CMS has not instructed nursing homes/skilled nursing facilities to close to new admissions as part of an outbreak response.

The following criteria should be met when making a decision on a long-term care facility (LTCF) accepting new admissions or readmissions:

- The number of COVID-19 cases identified in the facility (staff & residents) is decreasing.
- No evidence of widespread transmission of COVID-19 in the facility.
- Facility is compliant with <u>best practices</u> for infection prevention and control.
- Facility has enough space for <u>cohorting</u> positive residents separate from negative residents, and an observational unit for new admissions is available.
- Adequate staffing, PPE, and other supplies.
- The facility has a plan to manage new admissions and readmissions.

For additional guidance, see <u>VDH COVID-19 Guidance for Nursing Homes</u> and <u>VDH</u>

<u>Recommendations for Hospitalized Patients Being Discharged to a LTCF During the COVID-19</u>

Pandemic.

While limited or temporary closure of a LTCF to new admissions may be needed when COVID-19 cases are identified, closing to new admissions for an extended duration of time is not currently recommended. Due to surges in COVID-19 cases, there is a need to be able to move patients through the continuum of care, including from acute care into post-acute care facilities. Therefore, flexibility is necessary; only close LTCFs for a limited number of days to ensure an acute outbreak is under control and the facility has the resources needed to safely care for residents. Local health departments and healthcare facilities will need to balance the goal of disease prevention and control with the importance of maintaining healthcare bed capacity during a time of COVID-19 surge.

